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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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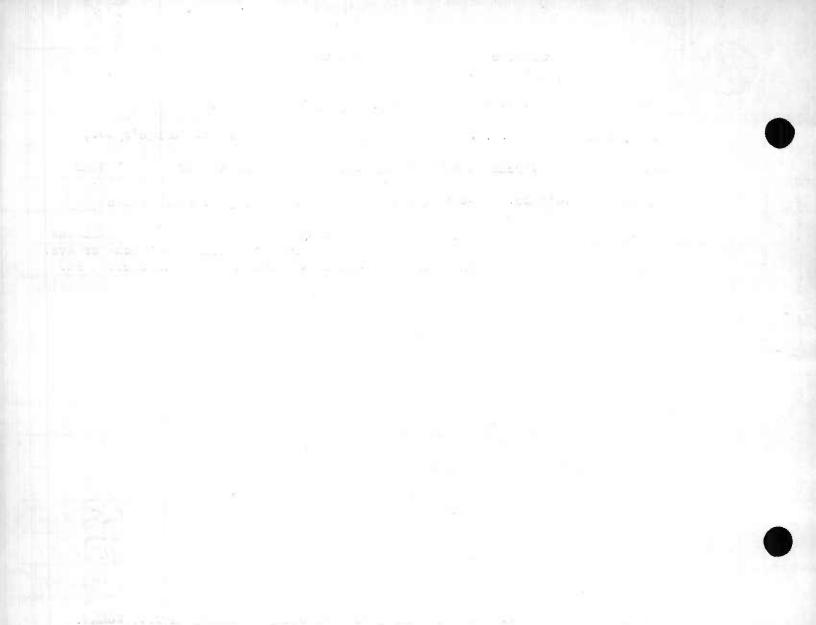
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Julia Albanese 81 19 . SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 8:33 Female White 4, 192B DEAD 5 8 RS 20 19 81 7h. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) New Jersey United States Prince George's County. WIDOWED DIVORCED 2, AND 3 TO THE PL 3. RETAIN PAGE 5 SHOULD BE FILED. IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS rince George's General Weaver working till ohns Marrynpusire Cheverly Hospital Combany USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TOUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS New Jersey Somerset Manville 53 May Place YES T NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John MIDDLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM 18. GIVE PAGES IN PAGE \$ \$HOUD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PWORD FUNE DRIEGORY, PAGES 3 SHOULD BE USED AS A BURIAL, TRANSIT PERMIT. PAGES I AND AFFEE DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION O'N'A BALTIMORE, MARTHALHYGIENE, DIVISION O'N'A BALTIMORE. Sawicki Mary Not available 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO 10 PRESSawmill Road Son Not Available Vincent Albanese Phillipsburg, NJ 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Multiple Injuries IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 7:30 XX 11 20 1981 driver in auto/fixed object 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK Oxon Hill, Prince George's Co., Md Poad Autopsy XX 22s. I certify that Jet ak charge of the remains described above, help dr Inspection Inquiry and in my opinian death resulted from Natural causes Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy Chief DEDICAL EXAMINER DATE 11-20-81 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn Street 230 BURIAL, CREMATION, REMOVAL 236 DATE NOV. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Buria1 STATE 25, 1981 Sacred Heart Cemetery Hillsborough, New Jersey ROBERT A. PUMPHREY FUNERAL 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** HOMES, P.A. BETHESDA, MARYLAND (VR A 15 ME (5)) 15M 2/80

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MANE George P. Kalas Funeral Home Oxon Hill, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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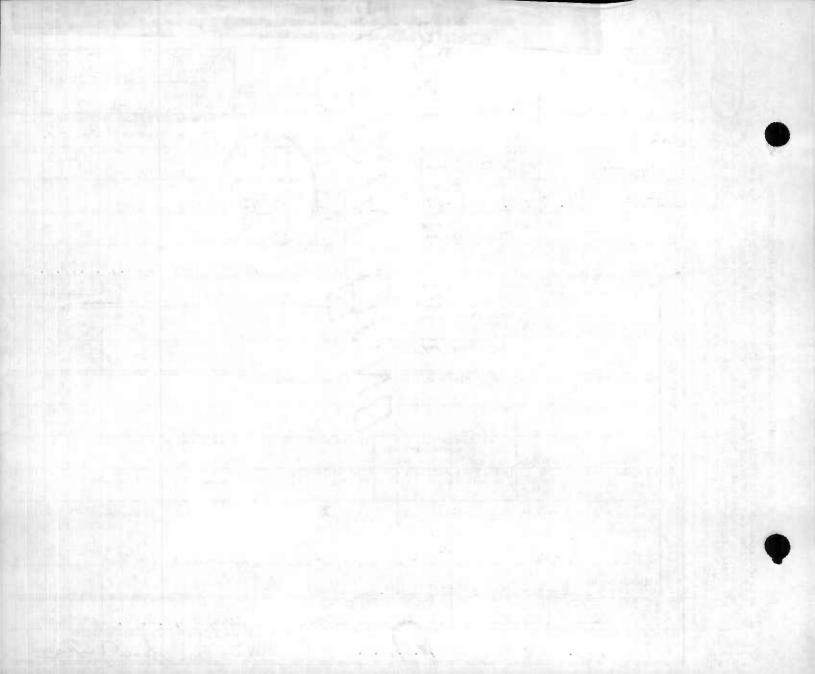
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWNXX 2b. HOUR (TYPE OR PRINT) ESTI-FOR YOUR FILES.
WITHIN 72 HOURS
PRESTON STREET, ATAIYERC **AUGUSTUS** DEATH MATED 11-17-810 SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2d. HOUR PRONOUNCED 7AM CAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGES I, 2, AND 3TO THE FUNERAL DIG BURIAL - TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED. WITH HAND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON VATION, OR REMOVAL. DCT. 19,1981 11-17-81:0 DEAD YRS M. BIRTHPLACE (STATE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED E FOREIGN COUNTRY) MARYLAND Prince George's County, USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Riverdale NONE NONE 13a. STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLANDGEO'S. RIVERDALE YES 5610 -54th AVenue #408 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FIRST LAST ADEYEMI ATAIYERO JANICE KAY SCOTT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS [YES, NO, OR UNKNOWN] NO NONE ANNABELLE SCOTT 535-59th St. N.E. D.C. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO USED AS A B CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF, TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES 🕡 NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY JATHOME 21d. INJURY OCCURRED If LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. CITY OR TOWN STATE 22a. I certify that I took charge af the remains described above, held an Autopsy Inspection Inquire death resulted from: Hamicide Natural causes Undetermined manner TITLE (SPEÇIFY) ACTUAL Assistant SIGNATURE ADDRESS 111 Penn Street EXAMINER'S NAME Korell, M.D (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 11/23/81 BURJAL Suitland, P.G.Co. Maryland Mashington National 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH-17** ROLLINS, INC. 4339 Hunt Place, N.E., D.C. (VR A15 ME (5)) 15M 2/80



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11/6/81

Dr. Louis V. Maufman, M.D. 1990 Ft. Washington Ed. Ft. Washir ton, Id.

Purial 11/9/81 Fesurrection Cemetery Clinton I.G. 46.

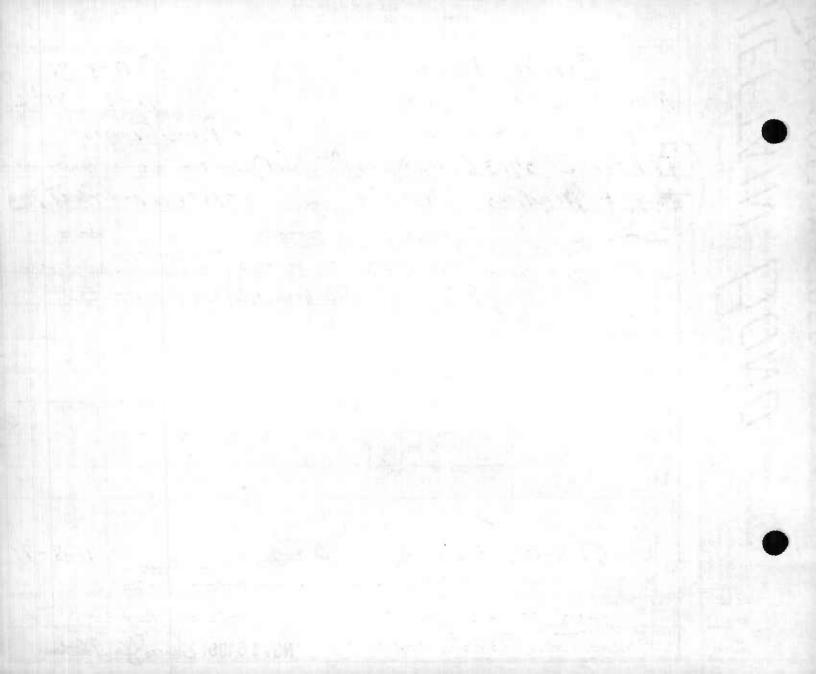
G. . Kalas 6160 Cxon Hill Rd. Oxon Hill. Mc.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTIreodove IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 10-20-10 DEAD & BIRTHPLACE ISTAIL OF 76. CHUZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia United States WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION, 14 NOT INSUCH ACCUTY, GIVE STRIPS ADDRESS! CONTROL OF INSUS SEEN 120 USUAL OCCUPATION TYPE OF WORK 112h KIND OF BUSINESS Heavy duty mechanic Construction 13d. INSIDE CITY LIMITS? 3 7/3 NO 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST Mickum E. Baroch Gertrude Joseph 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 4312 Park Lane No 579-03-0682 Jeanne Baroch, West Palm Beach, Florida 18 CAUSE OF DEATH (Enter only one couse per lige for (p), (b), and (c).) PART I DEATH WAS CAUSED BY eno pelerolic andes vascular IMMEDIATE CAUSE Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES T NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK TO MEDICAL EXAMINER: 11

FEXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 9

ATTER REATH, WITH THE STABLE LIMORE, MARYLAND, 2

BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural couses death resulted from: Accident Homicide Undetermined manner (SPECIFY) 5009 Rayburn Court EXAMINER'S NAME / Augusto P. Rodt / guez, M. D. Camp Springs, Maryland ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DA November 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 13, 1981 Arlington, Virginia Columbia Gardens Cem. Burial 24 FUNERAL DIRECTOR Ives Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-17 2847 Wilson Blvd., Arlington, Virginia 22201 (VR A15 ME (5)) 15AA 2/80



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Silver Spring, Md

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DHMH - 16 50M 1/81 (VRA 15, 4)

DURIAL CREMATION, REMOVAL 131-6-81 Lutheran Cemetery

14 FUNERAL DIRECTOR Beall Funeral Home

NAM 16,000 Annapolis Rd. Bowie, Md. NOV

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

C ucas i-n -1 -1 -1 -1 -1 91 m97 Story wall Prince Senters morlos J Inctors hospital of Prin, 6-0, Hone maker oisos ost in LOW YEAR 12315 Marcley La Charles DinnA 2.11103 Helmets 864-07-32030 Parry C. Bischoff Same as # 15 0 1 Mark College Selections and the college of the coll 11-6-11 Let relate Cemeters 10000 SUCCUS Seell Fores | Fores 16.000 Landon 15 Per Sante, Edite

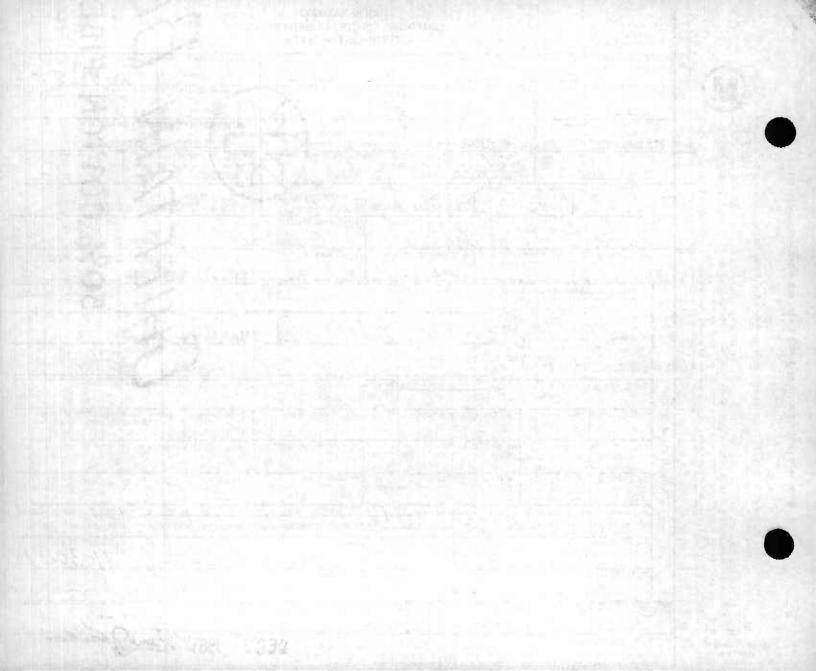
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MOORE (TYPE OR PRINT) OF ESTI-DEATH MATED Blanche 300 n IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAYS PRONOUNCED 5-1-01 DEAD 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY Virginia WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12n USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Home maker Lanham 130 STREET ADDRESS 12917 Marquette La. 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Pr. Geo. Bowie Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME (Unk) Moore George 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (WE VES GIVE WAR OR GATES) 579-20-1440 Stanley G. Boan Same as #13 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause par line large), (b), and (c).) PART I DEATH WAS CAUSED BY OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE A BURIAL - TRANSIT if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g. DATE OF OPERATION E 3 SHOULD BE USED A DEPARTMENT OF HEA DI PRIOR TO BURIAL, O 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO A 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 P.M. // -CONTRIBUTING CAUSE OF DEATH / A 21e PLACE OF INJURY (AT HOME 21 LOCATION STREET, FAC 1094, FARM, ETC.) NOT WHILE AT WORK TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 22e I certify that I took charge of the remains described above, held en Autopsy Homicide death resulted from: Undetermined manner Natural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER 5009 Rayburn Court, Temple Hills, Md. EXAMINER'S NAME AUGUSTO P Rodriguez, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial Cedar Hill Cemetery Home **DHMH-17** To.000 Annapolis Rd. Bowie. Md. (VR A15 ME (5)) 15M 2/80

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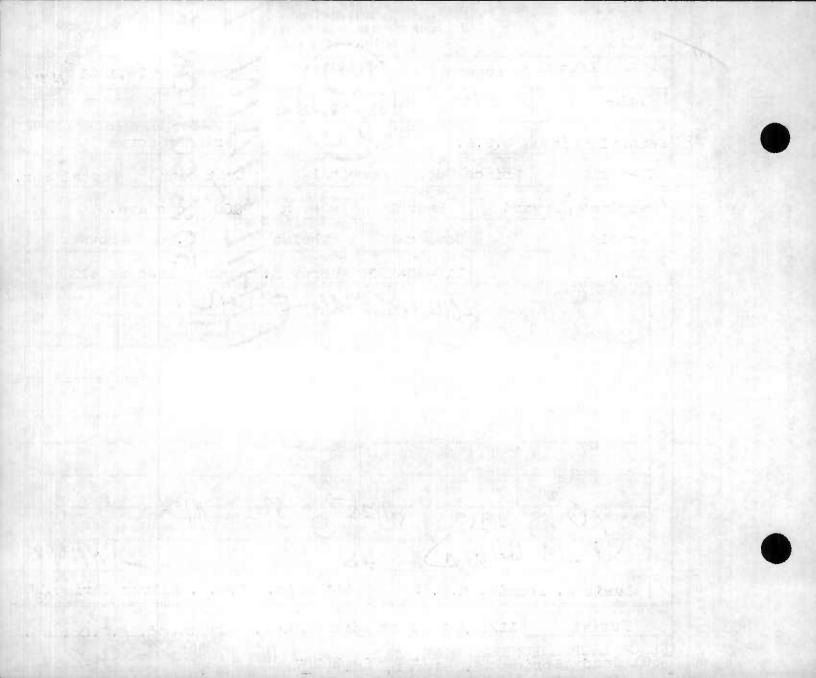
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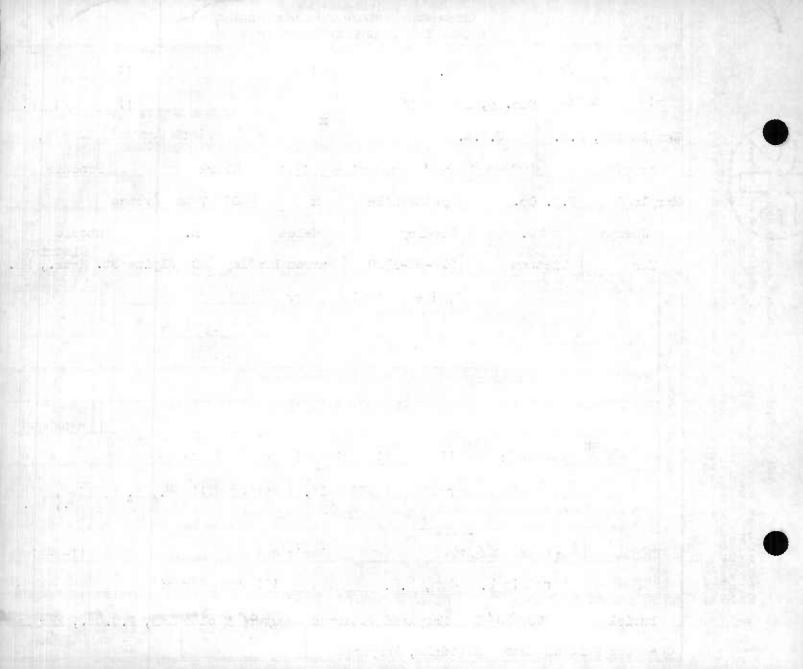
STATE OF MARYLAND



		FOR STATE			DEPARTMEN	STATE OF A	AARYLAND I AND MENTAL	HYGIENE		2 9	9 6	4
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16	9	22a certify	that I taak chare	ge of the remains de	scribed obove, he	ld an Autai	psy XX, Inspection		iry G	eorge s	Co., N	Md.
Ś		death resulte		ral causes .	Accident XX	Suicide	, Hamicide	Undetermine		, sp.iii		
BALTIMORE, MARYLAND, 2			()) (TITLE (SPECIFY)					
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0		XAMINER'S N	T) Vir	ginia L.	Dolan, M	.D.	ADDRESS	II Penn				
	23a.BUR	IAL, CREMAT	ION, REMOVAL	736 DATE	23c. NAME	OF CEMETERY	OR CREMATORY	23d. LOCATIC	N N	COUNTY	STAT	E
		Burial		Nov/10/81	Maryl	and Vet	erans Cema	tery Che	ltenham	. P.G.C	lo. Mar	rvland
	- N	VERAL DIRECT		ADDRES	5		25a. DAU	NECTO BY REGIS	RAR 256 REG	ISTRAR'S SIGN	NATHRE	
))	Cha	mbers	Funeral	Home Ri	ver d ale,	Maryla	nd			0	7	
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STATE OF MARYLAND

Over 19,191 7:15 THE PERSON THE PERSON OF 071 20, 1,02 Prince Habres a chois incl. climes of Land Land Land of the William Victorial 11/1/11 SYNER LINE R COUNTRY TO THE STAY 2 A. Ulercholmes, M.D. I reg ion in the contract of the con

Silver Spring

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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A THE PROPERTY OF THE PROPERTY	AAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be hystoian.	interest has been signed by the attending physician and completely filled in the the second directors to permit. Then please remove carbanpapers. Pages 1 and 2 should be tilled in the tilled to the second directors.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG NO					

	'	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).	
		CEASED NAME FIRST	MIDDLE	i	AST	20. DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR
		JOHN	J.	BU	RGESS	NOVEMBER 2	6, 1981	12:35p M
	3 SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS
	MA]	LE	WHITE	JUNE	16, 1912 YEAR	69	YRS.	MIN.
(30)		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	AAADDIE	D NEVER MARRIED	BALTIMORE CITY OF	-	
0		SSACHUSETTS	UNITED STATES	WIDOWE	D DIVORCED	PRINCE GEO	RGE'S COUNT	TY MD.
8	ANI	DREWS AFB	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S MALCOLM GROW	USAF ME		Retired		D OF BUSINESS OR RY Navy
F	MAI		OTHER INSTITUTION, GIVE RESIDENCE E	BEFORE ADMISSION) TOWN IPLE HIL	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2957 BRINKI	LEY RD	
0	14 FA	THER'S NAME FIRST Henry	P. Burge		15. MOTHER'S MAIDEN NAM	C.		ichello
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S -1955 577-50	1-1610	MARIE DUTCH	ADDRE	LID Z	
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c) CONDITIONS CONTRIBUTING	EQUENCE OF	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	DITION GIVEN IN PART	T Ita
)	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES X NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
1	MEDICAL CERT	2}0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	The state of the s		
	MED	WHILE OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM, ETC)	211. LOCATION STREET	CITY OR TOV	WH COUNTY	STATE
		220.1 certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did nat		, 01	nd that in (my) (our) opinion d	, to <u>NOV 26</u> leath occurred on the do		
		22b. SIGNATURE	vou		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F .	7 26, 1981
1		220 PHYSICIAN'S NAME (TYPE O	SUN, CPT,	USAF, 1	22e. ADDRESS C MALCOLM GRO	OW USAF MED		
	Bu	URIAL, CREMATION, REMOVAL SPECERY) Tial			emetery or crematory on National Ce	23d. LOCATION CITY OF TOWN Arlingt	COUNTY	va.

DHMH - 16 50M 1/B1 (VRA 15, 4)

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

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	No -1+o				
Clario Laurkii	.0	Easy	386 777	Finney	

marker 11/40/8: Triberton Bakon Com. Large

13	FOR STATE			ARTMENT OF		LAND MENTAL HYGIE IFICATE OF DE		2 9	9 7	2
	REGISTRAR 1. DECEASED NA (TYPE OR PRINT)		E. MID	DLE R.	LAST BURN		20. DATE KNOWN OF ESTI- DEATH MATED	MONTH	DAY YEAR	2b. HOUR
	MALE	4 RACE WHITE	0 -7- 81 2	LAST BIRTH	EARS IF UNDER TY	YR. IF UNDER 24 HRS	PRONOUNCED DEAD	1-26	19.81	2d. HOUR 20 12p M
の名の事業の	70. BIRTHPLACE FOREIGN COUNTY	irginia	U.S.A.		WIDOWED [NEVER MARRIED DIVORCED		GEORG	ES	MD.
## 84	Clinto	n	11 NAME OF HOSPITA (IF NOT IN SUCH FACILITY, SOUTHERN M.	ARYLAND	HOSPITAL	TITUTION 12a. U	SUAL OCCUPATION IN MOST OF WORKING LIFE)	TYPE OF WORK	U.S.	aring
SHOULD SH	arylar	nd Pr.		CCOKEEK	13d. INS		reet address 16 Oak Dr	rive		
AGES I AND 2 ISION OF VITAI	Tony J			LAST b. SOCIAL SECUR	Ma	other's maiden name ingle E.	Dellancy	Ecc	LAST	
T. PAGES 1 AN DIVISION OF	Yes, NO, OR UNI	KNOWN) (IF YES, GIVE Kore	WAR OR DATES)	ct 243-	34-0071	. Jeanne		Same	As 13	A-E
ATE, WRITING THE WORD "PENDING". IN PENCIL IN ITEM 1B. "ORWARDED TO THE CHIEF MEDICAL EXAMINER ALIONG W REPAGE 3 SHOULD BE USED AS A BURIAL "TRANSIT PERMIT. HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	gove couse lying	tions, if arry, which rise to immediate (o) stating the <u>under-cause lost.</u> R SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS A (c) CONTRIBUTING TO DEATH BUT NO	A CONSEQUENCE OT RELATED TO THE TEL		DITION GIVEN IN PART 1 (a).				
CHIEF ME USED A OF HEAL ORIAL, CI	19a DATE	OF OPERATION	196 CONDITION	FOR WHICH OPE	RATION WAS PERI	FORMED?		a Bri	20 AUTOPSY	NO 🗆
E DEPARTMEN	UNDERLY CONTRIBL	NAL CAUSE WAS NG OR UTING CAUSE OF I		ONTH DAY YEA	211 LOCATION STREET	URY OCCURRED (ENTE	ER NATURE OF INJURY IN ITEM	COU		STATE
AFTER DEATH, WITH THE STAT BALTIMORE, MARYLAND, 212	ACTUAL SIGNATU	ertify that I took charge	to How	lyuge	MD _{M.D.} De	LE (SPECIFY) Eputy ME	Inquiry X, etermined manner		11-27-8	
		70.77	to P. Rodri 30,198	Miez, M. 136 NAME OF C I ND V	D. ADDRES	AATORY 123d.	ourn Court			D Mu.
HMH-17 A15 ME(5) 66 5M 2/80	NAME	Alexande	ADDRES5	me, Ind	nton, N	250. DATE REC'D.	BY REGISTRAR 256 R	EGISTRAR'S SI	GNATURE Vai	then

11-26 BL-11 g -7- 21 12 25 11 12m SHOWING COUNTY AND ADDRESS OF THE PROPERTY OF CATHANT TOWN DESIGNATION 18-73-11 to all the promoted mile were to be

8 1	- 5	FOR STATE REGISTRAR			DEPARTMENT	OF HEALT	MARYLAND H AND MENTAL CERTIFICATE	200	REG. N	2 9	3 7	3
		CR PRINT)	GILB	ERT SA	WIDDLE	BU	JRROWS	2a. DA' OI DEA		11-2	DAY YEAR 8 19 81	26, HOUR
3.	SEX		HITE	5. DATE OF BIRTH MONTH 12-11-0	5 YEAR 6. AGE	BIRTHDAY) MON	INDER 1 YR. IF UNDE		UNCED	MONTH 11-2	DAY YEAR	2d. HOUF 15
5-07-12	EOD	RTHPLACE (STATE EIGN COUNTRY) hington		U.S.A.	HAT COUNTRY?	8. MAR WIDO	RIED NEVER MARI	RIED L	INCE GE	OR COUNT		IM.
	CH	Y OR TOWN OF I		PRINCE	GEORGES	GENERA	HER INSTITUTION L HOSPITAL	120. USUAL OC FOR MOST OF PE	CUPATION TY	PE OF WORK	Burrow Painti	USINESS BRY
13	a ST			ROTHER INSTITUTION, GIV TY CE GEO.	College		13d INSIDE CITY LIMITS? YES NO	5212 H	oress iron St	reet		
14	-	THER'S NAME FIRST		MIDDLE	Burrows		15. MOTHER'S MAID Unknow		WIDDIE		LAST	
16	YE	AS DECEASED EV S, NO, OR UNKNOWN)		MED FORCES? WAR OR DATES)	578 10		17 INFORMANT Mildred Ma	ae Burrov	ADDRES	e as #	#13 (W	ife)
		cause (a) stat lying couse la PART 2 DTHER SIGNIFI	o immediate ing the under- ist. CANT CONDITIONS	(c)CONTRIBUTING TO DEATH I		E TERMINAL DISE/	NSE DR CONDITION GIVEN IN P	AST 1 (0)				
	TIFIC	190. DATE OF OPI					WAS PERFORMED?				20 AUTOPSY	Y? NO X
	3	CONTRIBUTING [OR CAUSE OF E	DEATH P.M.	. MONTH DAY	YEAR 9	10W INJURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM 18	BPART I OR PAR	रा 2)	
	WED	21d INJURY OCC WHILE NO AT WORK A	MOKK C	STREET FACT	OF INJURY (AT HO ORY, FARM, ETC.)	ME, 21f. L	STREET	CITY OF	TOWN	COU	YTM	STATE
23			ot I took charg om: Natur Augus AE Augu	e of the remains descond couses , , , , , , , , , , , , , , , , , ,	Accident	Suicide M.D.	psy , Inspection Hamicide , TITLE (SPECIFY) Deputy ADDRESS OR CREMATORY	Undetermined	manner		11-28 207 Hills,	
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be oge 3 death		REGISTRAR DECEASED NAME FIRST SPE OR PRINT) John	Middle William	CERTIFICATE OF DEATH LAST Cameron	REG. NO. 20. DATE OF DEATH MONTH November 7,	1981 2:31 M
ge 4 moy	3.	Male Male	4 RACE White	Jan. 17, 1937	6 AGE (IN YEARS LAST BIRTHDAY) 44 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
eoth. Pag	19	BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George	
s offer d by the fu iled withi	2	CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION TADDRESS) Of P.G. Co.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Elec. Engineer	12b. KIND OF BUSINESS OR INDUSTRY N.A.S.A.
in 24 hour	A 13	Maryland P	INTY G G G G G G G G G G G G G	YES NO	13e STREET ADDRESS 9008 2nd Stree	et
completely ond 2 s	100	FATHER'S NAME FIRST	MIDDLE LAST Monroe Camer	on Martha	MIDDLE Jane	Grigg
n and car Pages 1		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	-7653 Cynthia A.		dress Same as
juires that the death certification by the attending prent please remove carbon, or remover, or compley, or other traumatic ever	2	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	Hule Myz cu	bue and the series of condition gives	I who
N: The law req ysician. cate has been ransit permit. Th Hygiene priar ti 18 shaws any ini	2 Parison Annual Property of the Parison Property of t	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
uG PHYSICIA ottending ph ter this certifi is the burial-ti h and Mental rked or Item	MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LAIN .	19 21f LOCATION	CITY ORTOWN	COUNTY STATE
he hospital ar DIRECTOR. Af tached for use a Boppt. of Health		220.1 certify that (1) this hosp	OR PRINT)	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 11-9-81
TO HOSPITAL of the retained by the TO FUNERAL is should be deto with the State important: if		Jack C. Mesl	hel, M.D.	3700 East-	-West Hwy. Hyatts	sville, Md.

November 7, 1981 0:31	DOMENSK	p.j.j.ji	0 ,	
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STATE OF MARYLAND

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WALTER A. CARRICK Male __ Caucasian __ 12- 12- 1914 _ 58 Maryland U.S.A. Prince Georges Glenn Bale Etol Glenn Dale Rc. Ret. Bis Station owner Mc. - Pr. Geo. Glenn Dale 8401 Glonn Dale Rc. Walter B. Carrock Blanche Coale Yes 1842-66 213-09-1030A Altheoremick Same 55 # 184 There's a profession was brond Nov, 13 81 Bothm, my X Tayid A. Boetcher Call-ut fox Fr. Bowle, Md Burial 11-16-81 St. Oak Unneters Little 11s STOR LE BOLF II-3.

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FRANCES CHARAS 11-17-1881 11.500.11 of mole PRINCE GEORGE'S COUNTY CHERLY PRINCE GEORGE'S GENERAL HOSPITAL The state of the s The Control of the Co indicated the state of the cover of the state of the stat SEALON S. L. H. LEG. SEL. M. LEG. SELECTION OF SELECTION

FOR - STATE

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MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumotic

REGISTRAR

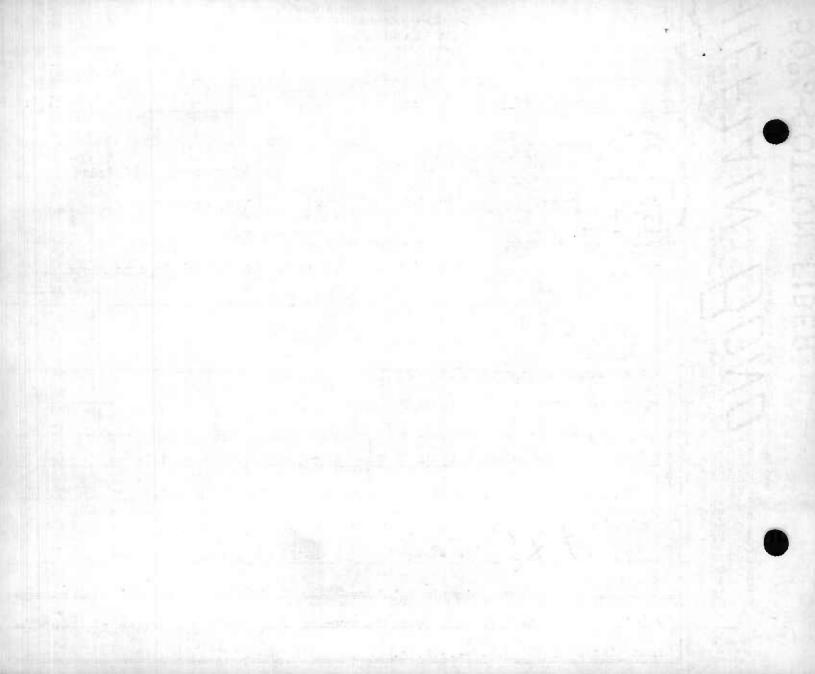
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			REG. NO.						
		CEASED NAME E OR PRINT)	Wiley	MIDDLE W.		nault		Novemb		26 1981	26. HOUR 1: 10. A M
	3. SE	Male		White	5. DATE O		1880	6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 74 HRS HOURS MIN.
3	God	Virginia	.2	IZEN OF WHAT COUN	MARRIED WIDOWE	DEVERA	VORCED	Prince G			MD.
0]	Largo	M	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Manor Care Nursing Home (Tailor						IZB KIND O INDUSTRY Reti	red
5	13a. 1	Maryland	13b. PURTY	ISC CITY OR FORT \			NO 🗌	13e STREET ADDRESS 2711 Shaw	m Cov	ırt	
0		John	MIDDLE	Chernat				Unk.		LAST	
	16a V	NAS DECEASED EVER YES NO OR UNKNOWN)	(IF YES, GIVE WAR O	R DATES)	SECURITY NO. 5-1512a	Jenne		Francis		in Item	13a
	z	Conditions, if ony gove rise to improve couse (o), static underlying couse	/AS CAUSED BY: IMMEDIATE CAU Di , which mediate and the last.	JE TO, OR AS JONE (1) (1) (1) (1) (1) (1) (1) (1	EEOUENCE OF	by fur by fur levote NOT RELATED	itive TO THE TERM	Leart De Leart De INAL DISEASE OR CON	Ans sis	METWEEN G	MATE INTERVAL INSET AND DEATH
7	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHIC			HICH OPERATION	V WAS PERFO	RMED	200 AUTOPSY?	IN CERTI	ES, WERE FINDIN IFYING CAUSES	GS USED OF DEATH?
	MEDICAL CEI	saw the decease	CAUSE OF DEATH CALEXAMINER) RED 21 IA (IIIIs hope to l) attended alive on	b. TIME OF INJURY OUR A.M. MONTH P.M. b. PLACE OF INJURY I HOME STREET FACTORY, OI mended the deceased fi	19 FFICE FARM ETC.) FOR 19, one	d that in (my)	. 19 8 . (004 opinion o	CITY OR TO CHY OR TO ABOUT A STAIL CHY OR TO CHY OR	ote and have	COUNTY . 19	
1		Dr. Ba	arry Rose	hberg		22e ADDRES	s /	er Rd. Chev		Marylar	nd .
		11111F	George P	DATE 11-30-1981 Kalas Fur Lll Rd. Oxo		incoln	Cemete	23d. LOCATION CITY OF TOWN TY Brentw E REC'D. BY REGISTRAR C 1 1981	ood 25b/RBGIS	P.G. Ma.	

DHMH - 16 50M 1/B1 (VRA 15, 4)

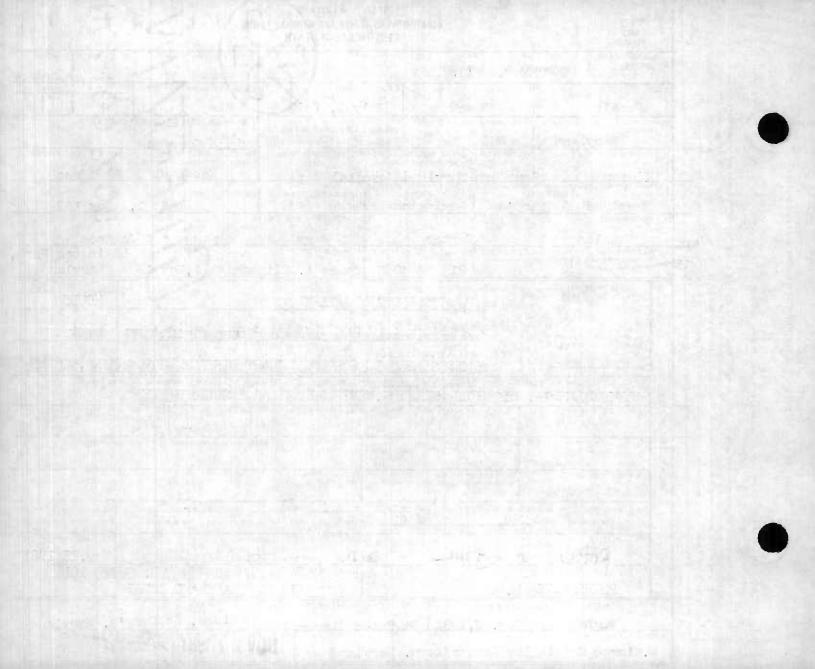
STATE BOWN BOULE delia della della The state of the s in the second of Sanitated, electrical . Se through . No tring .b.s bootimes was a company tro- 171-18-17 \$450 Oxen Hill Mc. Oxen Hill, Mr. - L. Svill Lilling

1	10	FOR STATE REGISTRAR			RTMENT OF	HEALTH	ARYLAND AND MENTA ERTIFICATI	9	₿ TH	2 REG. NO.	9	3	8 1
		CEASED NAME FIRE OR PRINT)	ST	MIDD	LE	1	AST	2	a DATE KN	OWN KT	HTMOM	DAY YE	EAR 26 HOUR
2	(146	E OR PRINT)	Bong		Kun		Chin		OF E		11	14 19	81 "
	3. SEX	4. RACE		OF BIRTH	6. AGE (IN)				c. DATE		HINON	DAY Y	EAR 2d HOUR
	ma	le Orient a	- 1		1	YRS.	DAYS HOURS	s MIN F	PRONOUNCE DEAD	:D	11	14 19 8	81 4:4QP
i	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZI	EN OF WHAT CO	OUNTRY?	8. MARRIE	D X NEVER MA	ARRIED T	BALTIMOR	E CITY OR	COUNT	Y OF DEATH	Н
/	K	orea	US	SA		WIDOWI		ORCED	Princ	e Geor	rge	Count	y MD.
2	L	TY OR TOWN OF DEATH aurel L RESIDENCE (IF IN NURSING)	(# NO)	Laure 1	NURSING HOA GIVE STREET ADDRESS HOSPITA DENCE BEFORE ADMIS	1	R INSTITUTION	FOR M	ALOCCUPAT OST OF WORKING Orator	G LIFE)	11.7	OR IND	F BUSINESS USTRY
1	13a. S	TATE	OUNTY	130	CITY OR TOWN		38. INSIDE CITY LIMIT		ET ADDRESS				
-		- Linning	ard	W	oodbine		YESK NO		O Dais	y Road			
1	1	THER'S NAME	MIDDLE		LAST		15 MOTHER'S MA	AIDEN NAME	MIDD	LE		LAST	
3		aksung Chin	ADMED SOCI	500	SOCIAL SECTION	OLA VIII	Eumjec 17. INFORMANT	ni Yoo		ADDRESS			
	(Y		G. ARMED FORCE, GIVE WAR OR DATE	ES)	SOCIAL SECUR								
1		None			5 74 61.	1.1	Chun S.	Chin	(Wife)	Same	as		
		18. CAUSE OF DEATH (Ent PART I DEATH WAS CA	er only one caus			Info	ina					BFTWFEN (IMATE INTERVAL ONSET AND DEATH
			EDIATE CAUSE	(0)	Multiple		res						
)	Conditions, if any, v		IE TO, OR AS A	CONSEQUENCE	OF							
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		lying cause last.	ider- DU	IE TO, OR AS A	CONSEQUENCE	OF							
		BART 2 ATHER CICHICICANT COMP	TIONS CONTRIBUTION	(c)								1	
	z	PART 2 OTHER SIGNIFICANT COND	LIONS CONSKIROLIN	G TO DEATH BUT NOT	RELATED TO THE TER	RMINAL DISEASE	OR CONDITION GIVEN I	IN PART 1 (a).					
	1 8	19a, DATE OF OPERATION	1101	CONDITION	OR WHICH OPE	PATION WA	S PERFORMED?					20 AUTO	DCV2
	FIC						.c. c onmed:						
-	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WA	S 216	TIME OF INJU	RY annro	X 21c HO	W INJURY OCCU	IRRED JENTERN	ATURE OF IN HIP	IN ITEM 18 PART	I OR PAG	YES (XX NO [
2	NI CI	UNDERLYING OR	Н	OUR A.M. MOI	NTH DAY YE								
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-		220. I certify that I toak	charge of the re	mains described	l obave, held an	Autops	XX Inspe	ection L,	Inquiry	J, and in	т ту ор	inion	
6		death resulted from:	Notified groups	Accid	lent LX.X S	ouicide,	Homicide _	Undete	rmined mann	er			
-		ACTUAL T	1	260	made		TITLE (SPECIFY	()			DATE	77/	15/01
_	1	SIGNATURE_	/A-			M.	Assist	ant MEDI	CAL EXAMIN	ER	DATE	D 11/	15/81
7	-	EXAMINER'S NAME	1				2.2		0.	0.71	145	0700	
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	23a.B	JRIAL, CREMATION, REMOV	AL 236. DATE		23c. NAME OF C			23d. LO	CATION OR TOWN	P	COUN	ITY	STATE
		rial	11/1	8/81	Gate o	of Hear	ven	S.	S	ART TO LO	MAN	4 996	Then
	-	NERAL DIRECTOR		ADDRESS			250. DA	ATE REC'D. BY	9 1981	CARE	37	Mentellist	3 7
	H	nes/Rinaldi	11800 N	.H.Ave.	S.S.Md.			MUAT	3 13 3 1				



DIVIS	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may
retained by the hospital or attending physician.	ending physicion.
TO FUNERAL DIRECTOR: After t should be detached for use as the	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the first of the construction of the detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the construction of the detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the construction of
with the State Dept. of Health and	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1	1.	FOR STATE REGISTRAR		DEPARTMI	STATE OF MARY ENT OF HEALTH AN CERTIFICATE OI	D MENTAL HYG	SIENE 8 REG. NO.	2	9 9	8 2
		CEASED NAME FIRST	MIDE	DLE	LAST	THE RESERVE	20. DATE OF DEATH MON	TH DAY	YEAR	2b. HOUR
	(****	DORO	THY M. CL	INTON			11	22	81	6 - 20P M
	3. SE	X	4 RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
N		Female	Blac	ck	July 1,		61	YRS.	NINS DAIS	NOOKS MIN
	14. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	HAT COUNTRY?	MARRIED TE NEVE	P AA APPIED	9 BALTIMORE CITY OR CO	DUNTY C	F DEATH	
1		Maryland	USA			DIVORCED [Prince George	2		MD.
0/	10 C	TY OR TOWN OF DEATH		SPITAL, NURSING	HOME OR OTHER IN	ISTITUTION	12a USUAL OCCUPATION		12b. KIND C	F BUSINESS OR
36	0	linton	Southern N				House wi			ome
	USU 130	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIV	VE RESIDENCE BEFORE	DMISSION)	CITY LIMITS?	13e STREET ADDRESS			
35	130				n Parkes	NO 🔀	Rt	1.	Box 1	182
	14. FA	THER'S NAME				R'S MAIDEN NA				
8C		Charles	MIDDLE C:	arter	īv	erv arv	WIDDLE	·To	hnson	,I
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16	b. SOCIAL SECUR			ADDRESS			ton Park
1	((IF YES, G	IVE WAR OR DATES)	213 24 4	053 James	A. Clir	nton Rt 1, Box			vland
		18 CAUSE OF DEATH (Enter				111 0111	10011 110 2 10011			MATE INTERVAL ONSET AND DEATH
					ONARY ARRI	EST			HOU	
oner roomone		Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost	(b) INC	is a consequen IEROSCLEF	SQUAMOUS (ACE OF COROL ROTIC COROL	VRRY HEA	CINOMA OF RT.	TH AN		MONTHS
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	10	HYPERCALCEMI.					R INSUFFICIEN			
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9	AL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINI				INJURY OCCURI	RED (ENTER NATURE OF INJURY IN I	TEM 18, PAR	T 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET	INJURY I, FACTORY, OFFICE, FAI	21f. LOCA STRE	TION	CITY OR TOWN		COUNTY	STATE
		22a I certify that (I) (this has	pital) attended the a	deceased from 9	-28	1,81	Nov.22	15	81	that (I) (we) lost
		sow the deceased alive	Nov. 22	19_8	1, and that in (n	ny) (our) opinion	death occurred on the date of	nd hour e	and from the	couses stated
		obove, (I) (we) (did) (did 22b. SIGNATURE	not view the body off	ter deoth.	DEGREE				22c DATE	SIGNED
		Doller	in -97	m_	M.D.	ATTENDING PHYSICIAN F	MEDICAL STAFF		Nov.	23 1981
_		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDF	RESS 7900	OLD BRANCH AV	E SI		
		PETER W.Y.	TM M D				ON MARYLAND 2		JIID I	01
1	230	BURIAL, CREMATION, REMOVA		123c N	AME OF CEMETERY C		23d LOCATION			
	.30	SPECIFY)					Ridge, St		OUNTY	STATE
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Silver Spring, Md.

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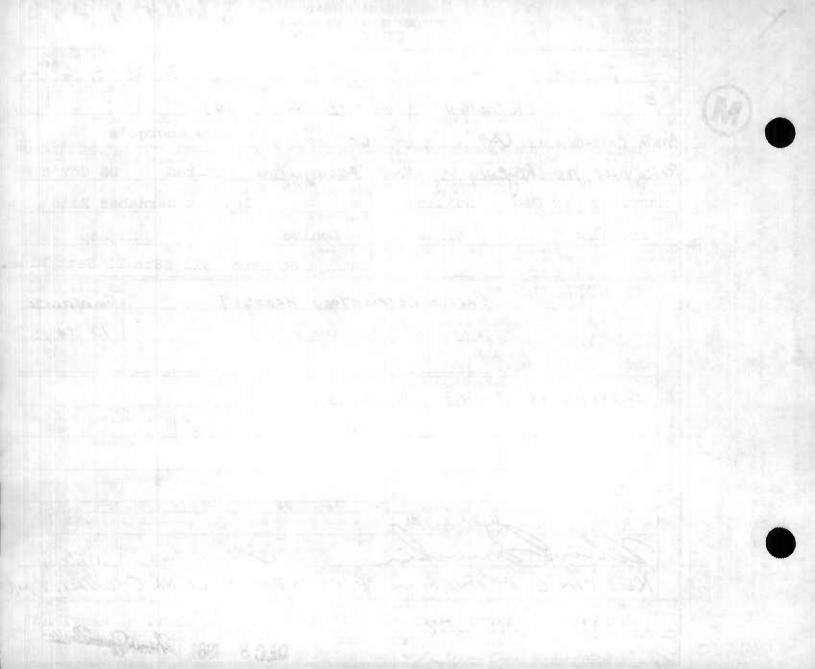
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO	3	
		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY YEAR	26 HOUR
5	(TYP	EL 12A	G,	Co	UNE		11-25-81	600 p
1	3. 58	X	4 RACE	S DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER TYEAR	
Al		F	CAUCASIAN	09	7-05-80	101	YRS.	MIN MIN
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10	1/4	ATH CARBLAIA	11. NAME OF HOSPITAL, NUI	WIDOW		120. USUAL OCCUPATION	-	OF BUSINESS C
90	Fox	ESTVILLE MD	REGIENCY N'SO	HOME	7-100 MARL GOI	Type of work for most of Retire	F WORKING LIFE) INDUSTRY	
Do		AL RESIDENCE (IF HURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE &	EFORE ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS		
₽U	-	Maryland Pr (Geo Suitl	.and	YES NO		Barnabas 1	Road
60			Gibb	s	Louise	WIDDLE	Hughe	AST S
E.		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL S	ECURITY NO	17 INFORMANT	ADDRE		D1
#/		No			Evelyn John	nson 512	68th Pl S	
even		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (a), (b)	0			BETWEEN	NONSET AND DEAT
umatic			E CAUSE (0) CARDIO	KESPI	RATORY ARM	RESST	FIRM	DECLATI
car on, trai	17	4810	DUE TO, OR AS A CONSE				10	11 -
other		Conditions, if any, which gove rise to immediate	(p) K1. Y	ORC P	NUEMONIA		10	anys
0 00		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF				
njury,		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OF CONF	DITION GIVEN IN PART 1	(0)
Į.	Z	ALZHEIMER		1.	CNESS	m vac bioenoc on corre		
shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH			20a AUTOPSY?	206. IF YES, WERE FIND	
Sho	Ē					YES NOW	IN CERTIFYING CAUSE YES	NO [
E 0	A A	210. ACCIDENT WAS UNDERLYING		DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
3 or Item 18	3	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
pay	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	SICE FARM FTC 1	211 LOCATION STREET	CITY OR TOW	YN COUNTY	STATE
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12.		220.1 certify that (II (this haspit		7.1	4-26,1970		5 19 87	, that (I) we
m 2	1	sow the deseosed alive an above, (1) (we) (did) (did not		981,0	nd that in (my) (our) opinion	death accurred on the da	ote and hour and from the	e couses stated
if Ite		276 SHOTY APGRE	//-	11	DEGREE			ESIGNED
Ë		Lewent	mine	kin	ATTENDING PHYSICIAN	MEDICAL STAF	IAN //	25/81
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IMPO	23e	BURIAL, CREMATION, REMOVAL	23b. DATE 2	130 NAME OF	CEMETERY OR CREMATORY	23d LOCATION		
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25M	24 F	UNERAL DIRECTO Dert I	Wilhelm Eu	neral	Home 250 DAT		BY GSIEVE WAY	Man Chan
1/79			Maryland		DE	C 8 1981	N SERVICE OF	



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ORE,	M PM		George			Tayl			arine		McEl	roy	
BALTIMORE	AFTER SIVE PA HI FOR AGES I	16a. V	VAS DECEASED ES NO. OR UNKNOV	EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	166 SOCIAL	SECURITY NO.	Seafus	W. Craft	12217 -Upper	Westv	iew Dr.	,
ST., B	HOURS AN 18. GITH NG WITH RMIT. PA RMIT. PA I.I.		18. CAUSE OF	DEATH (Enter on	ly one couse per line	for (o), (b), on	d (c).)	TOTA COUR AL	DICEACE	20772		ROXIMATE INTERVAL	н
	24 HOI ITEM 1 IONG PERMI GIENE, VAL.	3	1120		TE CAUSE (o)			DĮOVASCULA	y Dráchát			1 (3) (1)	_
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	SHOULD BE EXECUTED OND "PENDING" IN PECHIEF MEDICAL EXAM CHIEF ABOUTED AS A BUSIAL "I OF HEALTH AND MENURAL, CREMATION, C		PART 2 OTNER SIG	NIFICANT CONOTITONS	CONTRIBUTING TO DEATH	BUT NOT RELATEO 1	D THE TERMINAL DI	EASE OR CONDITION GIVEN I	N PART I (a).				=
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DIVISION OF VITAL	R: THIS CERTIFICATE SHOUTE, WARTING THE WORD 'XEWARDED TO THE CHIE R: PAGE 3 SHOULD BE DUSK ESTATE DEPARTMENT OF D. 21201 PRIOR TO BURIA		210. EXTERNAL UNDERLYING CONTRIBUTIN			INJURY . MONTH DA	Y YEAR	HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM 18 PART	1 OR PART 2)		
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	ATE, TATE, ORW		22a I certify	that I took charg	e of the remains des	cribed obove, l	neld on Au	topsy . Inspe	ction K, Inquir	y X, ond in	my opinion		
	MINE SE		death resulte	d from Notur	rol couses X,	Accident	, Suicide	. Homicide	Undetermined	monner .			
	HCAL EXAMNER: THE CERTIFICATE, SHOULD BE FORW ERAL DIRECTOR: FEATH WITH THE STORE, MARYLAND, STORE, MARYLAND		ACTUAL /	Alexand	400	1115.1	_	TITLE (SPECIFY			DATE ## 6	0 01	
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	ER DAY	-	EXAMINER'S N (TYPE OR PRIN	AM August	to P. Rodi	i uez,	M.D.	_ADDRESS 5009	Rayburn C	ourt, Te	mple Hi	20748 11s, Md.	
070		23a.B	URIAL CREMAT	ION, REMOVAL 2	3b. DATE 12/2/81	CHE	E OF CEMETER LTENHA	Y OR CREMATORY M VET'S	CEM • CHELT	ENHAM(1	COUNTY GAO	's) TATE MD.	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 25M (VRA 15, 4) 1/79 FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR Donaldson Funeral Home. Laurel. Md

Clarksville, Md 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

YES T

COUNTY

220 DATE SIGNED

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IF UNDER 1 YEAR

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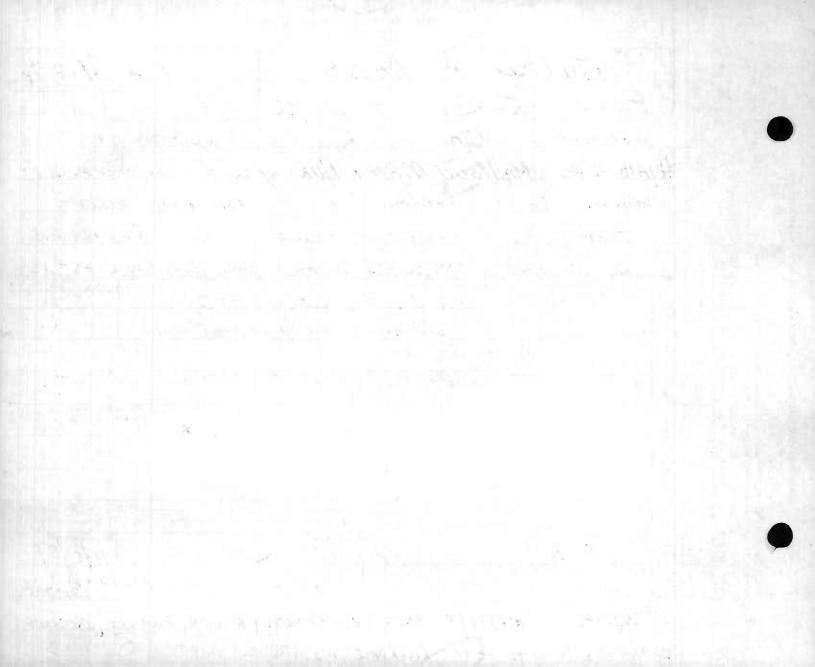
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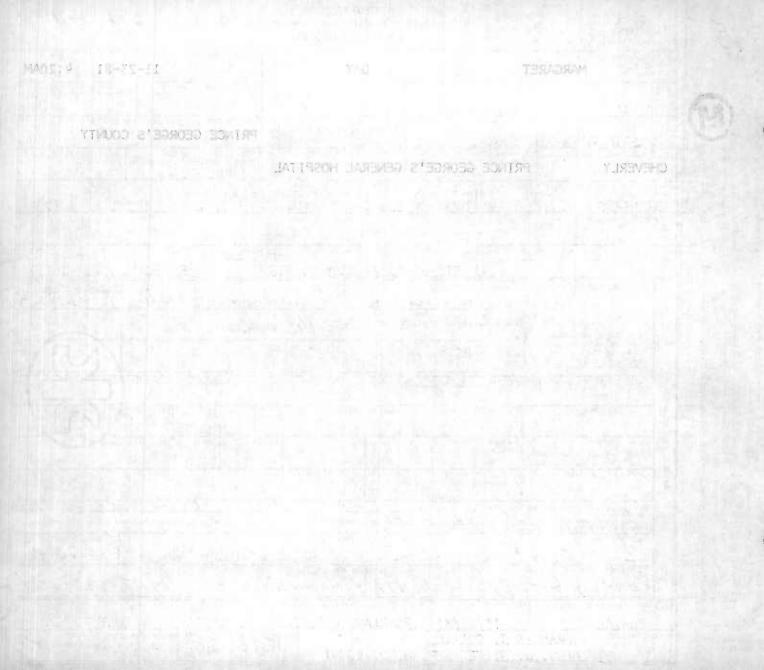
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3 16a V	WAS DECEASED ES. NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? E WAR OR DATES)		116 8		John	H	usba eph		ADDRES	SS	Same		#13
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TIFICATION	cause (o) lying caus	stating the <u>under</u> se last. ENFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA		INAL DISEASE			T 1 (a)				20	AUTOPSY YES	77
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nous ofter death. Pogin in by the funeral direct be filed within 72 hay	be notified of pace.	ID CO	OUNTRY) GEORGIA ITY OR TOWN OF DEATH AR RESIDENCE I IF NURSING HOME OR OTH	AAdi 50 N N	ADDRESS) ADDRESS) ADDRESS) ADDRESS) ADDRESS ADDRESS	SING SOCIAL	JPATION JAZA KIND OF BUSINESS O WORKING LIFE) INDUSTRY
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PRESTON ST., BALTIMA the death certificate be e the attending physician a remove carban papers. Pa emotion, or removal.	er traumatic event, the	7	18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if ony, which gave rise to immediate cause ioi, stating the underlying cause last.	ine couse per line for (a), (b), on Y: AUSE (a) DUE TO, OR AS A CONSEQUI	ioleniva NCE OF money	atony Amis (s	SON) SAME AS #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH REPLYCENCE REPLYCE REPLYCH REPLYCH REPLYCE REPLYCH REPLYC REPLYCH REPLYCH REPLYCH REPLYCH REPLYCH REPLYCH REPLYCH REPLYC
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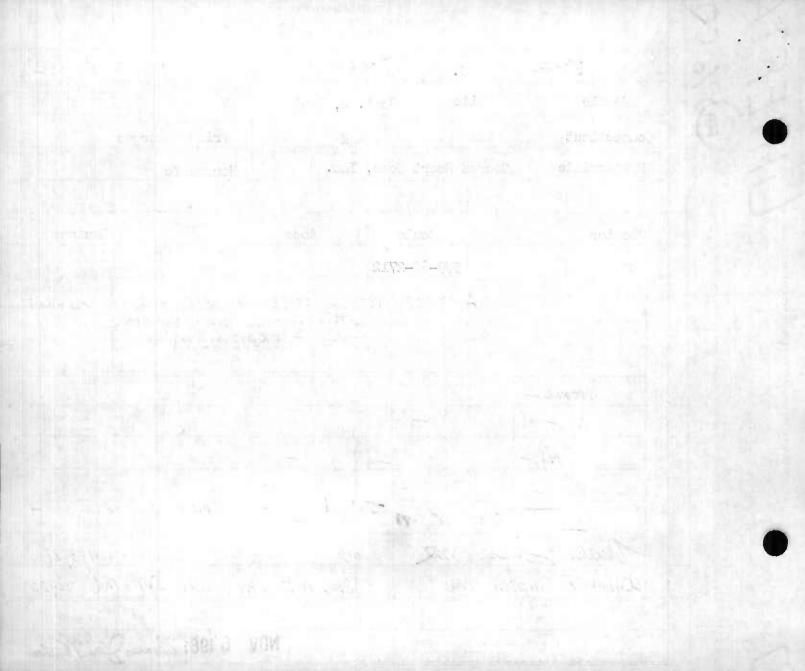
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TTENDI pitol or TOR: A for use of Heol		sow the deceased alive or above, (I) (martidid) (did n	n Oct 18 ot) view the body ofter death.	1981 ond that		deoth occurred on the dot	e and hour and from the	, that (I) (we) lost e couses stated
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1.0	REGISTRAR			DEPARTA	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		
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å /	NO OR UNKNOWN)	(# YES, GIVE W	/AR OR DATES]	248-10-	1281	Clarissa Bu	tler-Daughte	er-Same a	s #13
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Florence South Carolina

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director of should be filled in by the funeral director of the build-intransit permit. Then please remove condonpapers. Pages 1 and 2 should be filled within 72 has safety the State Dear of Health and Aerotal Haviana print to harrical common or semanal.
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		REGISTRAR CEASED NAME	FIRST	MIDE		IFICATE OF DEATH	REG. NO 20. DATE OF DEATH		НО
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1-	7a. B	RIHPLACE (STATE OR FO	DREIGN 76.	CITIZEN OF WH	HAT COUNTRY? 8.	RIED NEVER MARRIED		R COUNTY OF DEATH	
25	10. C	179MI		NAME OF HO	WIDO	WED DIVORCED DIVORCED	Prince G		RLISIN
10		restville		Regency	y Nursing &	Rehab. Center	Steamfitt	er-Ret Prive	ate
35	130 3	STATE	13b. COUNTY	13	E RESIDENCE BEFORE ADMISSIO E. CITY OR TOWN Hillcrest H	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4304 - 21	Lst Avenue	
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00	14 n N	Charles	A.		Doyle B SOCIAL SECURITY NO	Minnie D. 17 INFORMANT	. ADDRE		_
		YES NO OR UNKNOWN)	(IF YES, GIVE WA		13-36-2635	Charles Doyl		Sist Avenue	18.
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Burial II/./81 St. Ernabes Church Co. Cxc Hill Pr. Geo. Md. George .. Kalas Puneral Home Cron Hill, Md.

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moy be poge 3	- 16	3. SE		Albe.	4 RACE	Claude	5. DATE	Ducote OF BIRTH		6. AGE (IN)	NO.	DAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
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IMORE n ond c	edicol		VAS DECEASED EVER YES, NO OR UNKNOWN)	(# YES, GIV	E WAR OR DATES)		SECURITY NO.	17. INFORMAN		Wife	ADDRES		19	
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ficate b	enf, t		18 CAUSE OF DEAT PART I. DEATH W			Small	call (c).)	10 AOL	CLA				BETWEEN	ONSET AND DEATH
N ST certi ding p	fic ev		11.29	IMMEDIAT	E CAUSE (o)	- 1-14/15	CONTRACTOR	any can	CEA	374.8				gr.
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OF V CLAN I phy priffic ol-tro	Hem 18		OR CONTRIBUTING			.M. MONTH .M.	DAY YEAR							
DIVISION OF VIIT OR PHYSICIAN: - ottending physic ffer this certifical as the buriod-tran th ond Mental Hyg		MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATIO	N		CITY OR TOW	N	COUNTY	STATE
JIVISIC OPH other offer the	morked	Σ	AT WORK NOT WE	RK	[AT HOME S	INEET, PACTORY, OF	FFICE, FARM, ETC							
D io	is mo		220 I certify that (I)		1 1	8	7.	166	. 19 <u>X</u> C	to	MOV.	, 19		that (I) (we) lost
R ATTEN haspitol RECTOR	m 21		sow the decease above, (I) (we) (e	ed alive on did) (did no	t) view the bod	y ofter death.	.19	nd that in (my) ((our) opinion	death occurre	ed on the dot	e ond hour o		
74 759	IT: If Her		226. SIGNATURE	i Gin	geen	1.3.		DEGREE A	TTENDING A	MEDICAL	STAFF	an 🗌	22c. DATE	-13-81
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ve residence before admission) 13c. CITY OR TOWN Leonardtown	13d INSIDE CITY LIMITS? 13d	e STREET ADDRESS P.O. Box 135	
Duke	15. MOTHER'S MAIDEN N First Virginia	NAME MIDDLE ADDRESS	Blackiston
579-68-5082		e, Leonardtown,	Maryland
AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEA		(a);	20 AUTOPSY?
OTOMY/DEBRIDEME	ENT		YES NO 🔀
MONTH DAY YEAR 11-23 1981 DI DEFINIURY (ATHOME, ORY, FARM, ETC.) UKE S BAR cribed obove, held on Auto Accident Suicide	SELF-INFLICTE NIKE'S BAR, BOX LOCATION STREET Inspection	CITY OR TOWN Inquiry , and in	
	ADDRESS	23d LOCATION	
Our Lady's	5	Medley's Neck, S	St. Mary's, Md.
	236. NAME OF CEMETERY Our Lady's	23c NAME OF CEMETERY OR CREMATORY Our Lady's	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY ON TOWN Medley's Neck, S

11-25-11 BUUC CT [-= -C1 = TIA. = JAW 11-23 PINCE GEORGES HISPITAL 11-24-31 CRAVIOTOMY/DEBRIOR ENT ST F-I (FLICTE) 1:30 11-23 81 0008'S EAR,80X 335 LECHARDTONY,5T WARY'S,DED X SER DUKE'S ERP Designation of the language of the second second

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S NECESSARY, PLEASE E-FUNERAL DIRECTOR. E-F FOR YOUR FILES. DWITHIN 72 HOURS	76 BI	RTHPLACE (STANCE MARY) Maryla	ATE OR	76. CITIZEN OF WH			ED X NEVI		9. BALT	IMORE CITY	OR COUNT	Y OF DEATH	12.3
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LTIMORE, MD. 21201 FFER DEATH. IF ANY DEL FPAGES 1, 2, AND 3 TO FORM PM. 3. RETAIN, GES 1 AND 2 SHOULD FE SION OVITAL RECORDS.	13a. S	AL RESIDENCE (TATE 1D	13b COUN PRI	TY	13c. CITY OR TOWN DIST HTS		13d INSIDE CITY	Y LIMITS? 13	2109	GLEN	DORA	DR	
MD. M. 3. M.	14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER	R'S MAIDEN		WIDDIE		LAST	
A PA PA		Wesley			Duppins		Sa	die				ones	
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BP. DHMH - 16 60M 7/73 (VR A 15 (4))

24. FUNERAL DIRECTOR

IVE'S FUNERAL HOME

BURIAL

11-1-81

23c. NAME OF CEMETERY OR CREMATORY KING DAVID

ACCRESS ARL, VA.

23d LOCATION CITY OR TOWN FALLS

CHURCH FAIRFAX

VA.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2847 WILSON BLVIDS O. DATE REC'D.

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PRINCE GROSCE'S COUNTY

CHEVERLY PRINCE GEORGE'S CELUERAL HOSPITAL

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IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E E FOR YOUR FILES. E OWNTHIN 72 HOURS 1 W. PRESTON STREET.	Germ		U.S.	Α.	WIDOWE		ORCED 🗆	Prines			MD.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH YEAR 2h HOUR DECEASED NAME LTYPE OR PRINTS WILLTE B. FIELDS NOV 2,1981 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH 3 SEX AUG 13,1918 FEMALE. BLACK BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED SOUTH CAROLINA USA WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OF TOWN OF DEATH 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PAIMER PARK 7701 ALLENDALE CHILD CARE BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
130. STATE 130 COUNTY 13130 CITY OR TOWN 13e STREET ADDRESS P.G MD PAIMER PARK ALLENDALE DR 7701 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME 2 MIDDLE LAST FIRST MIDDLE DANTEL UNK RODGERS COLLETE **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 7701 ALLENDALE LIE VES GIVE WAR OR DATES IYES. NO OR UNKNOWN! DR NO 26 REV. BENJAMIN FIELDS HUSBAND APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NO [NO YES 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING ar Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211, LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22c DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL * PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT. 22d. PHYSICIAN'SINAME LYPE OR PRINT 22e. ADDRESS should b 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE BURTAL 7,1981 HARMONY MEMORIAL NOV 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 PENNSYLVANIA AVE S.E. ALEXANDER S. POPE 2617 (VR A 15 (4))

THIL 7. FIAME CT CONTROL HOLDE Single Color Cattle of the Cattle Color Cattle Cat NO PARKET PARK OF 1701 SELECTION OF DARTAL ROTTE COLL L'E COLL TE TON ALLA BALLA THE SECOND PROPERTY OF THE PERSON OF THE PER STREAM CO. T. FOR HOME IN CONTACT TANDONES OF THE CONTROL OF TAXABLE PARTY. MALESTALO, 1881 DI LONG E AVA AT MOTOR LE PRES L'OI . DE ENFARANT

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- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE RELITED ARMED FORCES 8606 BOUND BROOK LANE BAKER BROOK LN APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 15 nov 81 MALCOLM GROW USAF MED CENTER ANDREWS AFB, MD 20331 STAVa. Nov. 19, 81 Arlington National Cemetery Arlington DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE Demaine Funeral Homes, Inc., Alex., Va. 22314

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b HOUR

9:07P M

IF UNDER 24 HRS

1981

IF UNDER I YEAR

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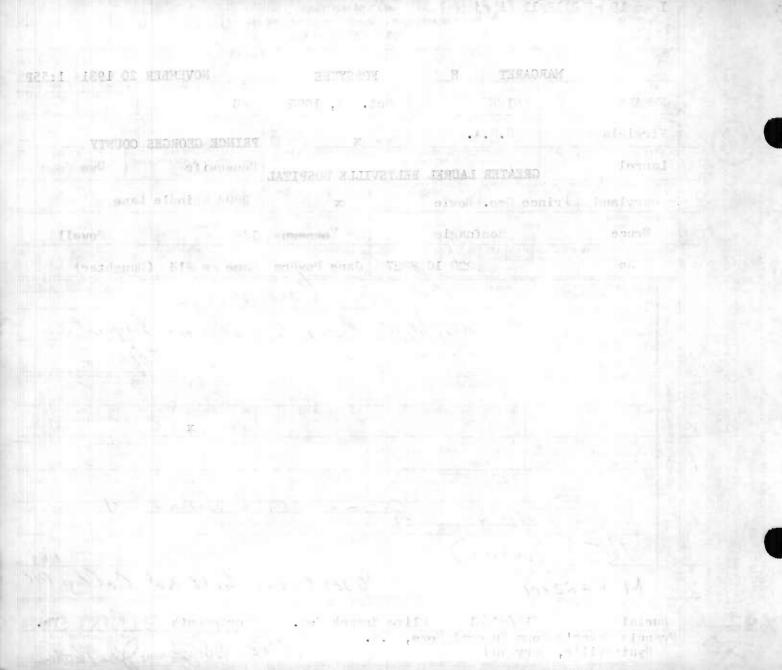
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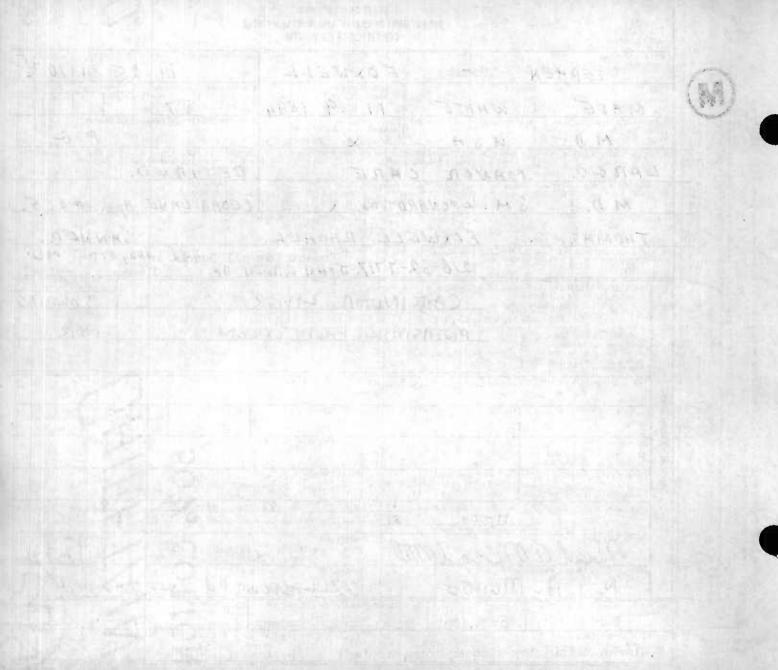
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	1 DE	REGISTRAR CEASED NAME FIRST		MIDDLE		LAST	REG. NO		V 95.5	In main
2 74		OR PRINT!					Ze DATE OF DEATH	MONTH DA	AY YEAR	2h HOUR
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completel and 2 sh	I4 FA	Bruce	MIDDLE	fnagle		IS MOTHER'S MAIDEN NA	ME MIDDLE		Pow	ell
6 T	160 V	VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
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aw requires een signed b Then please or to burial, any injury,	NOIL		101	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVE	N IN PART 10	5 1
The law requires has been signed to rimit. Then please the prior to burial lows any injury.	TIFICATION		nt conditions <u>c</u>			NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YES,	WERE FINDIN	GS USED
IAN: The law requires sign.	CERTIFICAT	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ITION FOR WHICH	OPERATIO		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINING CAUSES	GS USED OF DEATH?
SICIAN: The law requires ystelan. ertificate has been signed it transit permit. Then please tal Hygiene prior to burial letter 18 shows any injury.	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	NT CONDITIONS CONDITIO	OF INJURY M. MONTH DA	OPERATIO NY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINING CAUSES	GS USED OF DEATH?
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BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

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	1	FOR	DEPARTMENT C	F HEALTH AND MENTAL HYGI	IENE Ö	3 0 0 1 3
		STATE REGISTRAR	CER	TIFICATE OF DEATH	REG. NO	
		CEASED NAME FIRST	WIDGLE	LAST		MONTH DAY YEAR 26. HOUR
	(TYPE	ORPRINT) STEPHEN	Thomas F	OXWELL	j	1 25 81 10 4M
	3. SE)	(TE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
1		MALE	WHITE "	9 1894	87	YRS DAYS HOURS MIN
21		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
10		M.D.		OWED DIVORCED	THE RESERVE	P G- MD.
JA	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOA		120 USUAL OCCUPATIO	
0		-ARGO.	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	RE	RETIN	
01	USUA	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI NTY 136. CITY OR TOWN	ION)	13e STREET ADDRESS	
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72	14 FA	THER'S NAME		15. MOTHER'S MAIDEN NAM	AE	7
10		THOMAS. F	MIGOLE FOXINELI	RACHEL.	WIDDLE	SANNED
13		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO	O. 17 INFORMANT	well Burght	SS CHARLE IN F M.D.
1	(Y	res, no or unknown) (if yes, givi	E WAR OR DATES) 2/6-32-4	117. JOHN GREE		
			12.000.7	TO GAM WILE	=N ILP.	Clements Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (c).)	1 11100		5
		IMMEDIA	TE CAUSE (a) CANCIN	omit rivision		3 monins
		1339	DUE TO, OR AS A CONSEQUENCE O)F	- A1	1 14 (2
		Canditians, if any, which	((b) METHSTH	12 Hrom co	ran	1912
T.		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE O	F		
		underlying cause last.	(c)			
	~	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)
	CERTIFICATION					
0	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1	TIE				YES NO	YES NO
13	G	21a. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
7	AL	OR CONTRIBUTING CAUSE OF DEA	N.163	19		
1	EDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TOW	N COUNTY STATE
			ital) attended the deceased from	-20 ,19 81	_, ta_ 11 - 25	, 19 \$, that (I) (we) last
		saw the deceased alive an	at) view the bady after death	, and that in (my) (aur) apinion o	death accurred an the da	ite and hour and from the causes stated
10		22b. SIGNATURE	the and a second	DEGREE		22c. DATE SIGNED
		Mula	Meadelly	ATTENDING PHYSICIAN IZ	MEDICAL STAF	FIAN 11 25/81
1		224 PHYSICIAN'S NAME (TYPE O		22e. ADDRESS	0.1	
/		Neil H.	MUMOUS	GSOI LAMOU	un Ild, Cl	Hevenly md
1	23a. E	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME C	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	,	Burial	Nov28.1981 St. A	lovsing Cemetery		CIT 38
	24 FL	JNERAL DIRECTOR		25a. DATE		256 REGISTRAR'S SIGNATURE
	W.	Clarke Matting	ley Leonardtown, Mar	ryland	FC 1 1081	71 Va W-1.
1				Jacina	- 4 - 10111	



James E. Franklin November 30,1081 45F T PML, L.S P NASH VINCO REGROES SOURTE STANCE SECTIONS COURTY CREATER LABELL RELIGIOUS HOSPITAL L diction delle nitre us SOTETAL SELECT OF LITTE TABLET N. HALLES No. 2 The Control of the Control of

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	1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		3 0 0 1 3
		ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
ge 3	(14	PE OR PRINT) WILL	IAM ALBERT	FULTON SR	NOVEMBER 10,	1981 1:45 P
N.	3. S	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
(E)	_	MAIR	CAUCASIAN	DEC 6 1910	70 YRS	
970	The !	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED M NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
with with	10.0	PENNSYLVANIA	USA 11. NAME OF HOSPITAL NUM	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	Prince Geor	
filed wiff		Lanham	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	LTYPE OF WORK FOR MOST OF WORKING	
must be fil	USI	JAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE 86		RET MACHINET	NAVNI RES. LAB
B.	(a.		DISTRICT		6925 GATEWAY	Blvo
i e	14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	SIVIS
Duo /5/21		HARRY	A. Fulto	MINNIE	MIDDLE	RITTER
medico	160	IYES NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFORMANT	ADDRESS	
0		NO N		6196 RUTH E. Fultor	SAME AS 13E	
emoval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause per line for (a), (b), SED BY:	and Kelberdon ta	lene	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		116 / IMMEDI	IATE CAUSE (a)	1 de faction of faction of the	2	2 hay
otion, ar I		Conditions, if any, which	DUE TO, OP AS A CONSE	DUENCE OF L	Vi. o. Alai	11/11/11
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